

01/31/02



02-05-02

Please type a plus sign (+) inside this box ☒

PTO/SB/16 (12-97)

Approved for use through 09/30/2000. OMB 0651-0032  
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCEUnder the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid  
OMB control number.**UTILITY  
PATENT APPLICATION  
TRANSMITTAL**

(Only for new nonprovisional applications under 37 C.F.R. § 1.53(b))

Attorney Docket No.		00-191A	
First Inventor or Application Identifier		Wrenn P. Holman	
Title	Modular Monolithic Bulkhead Panel		
Express Mail Label No.		EL 828179371US	

**APPLICATION ELEMENTS**

See MPEP chapter 600 concerning utility patent application contents.

1. ☒ Fee Transmittal Form (e.g., PTO/SB/17)  
(Submit an original and a duplicate for fee processing)
2. ☒ Specification [Total Pages 10]  
(preferred arrangement set forth below)
  - Descriptive title of the Invention
  - Cross References to Related Applications
  - Statement Regarding Fed Sponsored R & D
  - Reference to Microfiche Appendix
  - Background of the Invention
  - Brief Summary of the Invention
  - Brief Description of the Drawings (if filed)
  - Detailed Description
  - Claim(s)
  - Abstract of the Disclosure
3. ☒ Drawing(s) (35 U.S.C. 113) [Total Sheets 5]
4. ☒ Oath or Declaration [Total Sheets . . .]
  - a. ☐ Newly executed (original or copy)
  - b. ☐ Copy from a prior application (37 C.F.R. § 1.63(d))

for continuation/divisional with Box 17 completed)

☐ DELETION OF INVENTOR(S)Signed statement attached deleting inventor(s) named in the  
prior application, see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b).

\*NOTE FOR ITEMS 1 & 14: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A  
SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR  
APPLICATION IS RELIED UPON (37 C.F.R. § 1.28)

**ADDRESS TO**  
Assistant Commissioner for  
Patents  
Box Patent Application  
Washington, DC 20231

5. ☐ Microfiche Computer Program (Appendix)
6. ☐ Nucleotide and/or Amino Acid Sequence  
Submission (if applicable, all necessary)
  - a. ☐ Computer Readable Copy
  - b. ☐ Paper Copy (Identical to computer copy)
  - c. ☐ Statement Verify identify of above copies

**ACCOMPANYING APPLICATION PARTS**

7. ☐ Assignment Papers (cover sheet & document(s))
8. ☐ 37 C.F.R. § 3.73(b) Statement ☐ Power of Attorney
9. ☐ English Translation Document (if applicable)
10. ☐ Information Disclosure Statement (IDS)/PTO-1449 ☐ Copies of IDS Citations
11. ☐ Preliminary Amendment
12. ☒ Return Receipt Postcard (MPEP 503)  
(Should be specifically itemized)
13. ☐ \*Small Entity ☐ Statement filed in prior application  
Statement(s) Status still proper and desired (PTO/SB/09-12)
14. ☐ Certified Copy of Priority Document(s) (if foreign priority is claimed)
15. ☒ Other: Copy of unsigned Declaration

**16. If a CONTINUING APPLICATION**, check appropriate box, and supply the requisite information below and in a preliminary amendment:☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No: \_ \_ / \_ \_  
Prior application information: Examiner \_\_\_\_\_ Group/Art Unit \_\_\_\_\_**For CONTINUATION or DIVISIONAL APPS only:** The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying application continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.**17. CORRESPONDENCE ADDRESS**

<input checked="" type="checkbox"/> Customer Number or Bar Code Label		026471		or <input type="checkbox"/> Correspondence address below	
(Insert Customer No. or Attach barcode label here)					
Name	Conrad O. Gardner				
Address	7755 E. Marginal Way S., P.O. Box 3707, M/C 13-08				
City	Seattle	State	Washington	Zip	98124-2207
Country	USA	Telephone	206-655-5510	Fax	206-655-5076

Name (Print/Type)	Conrad O. Gardner	Registration No (Attorney/Agent)	22,462
Signature		Date	Jan. 31, 2002

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

J11 U.S. PTO  
10/066163  
01/31/02

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<h2 style="margin: 0;">FEE TRANSMITTAL</h2> <p style="margin: 5px 0;">Patent fees are subject to annual revision on October 1. These are the fees effective October 1, 2000.</p> <p style="margin: 5px 0;">Small Entity payments <u>must</u> be supported by a small entity statement, otherwise large entity fees must be paid. See Forms PTO/SB/09-12.</p> <p style="margin: 5px 0;">See 37 C.F.R. §§ 1.27 and 1.28.</p>				<h3 style="margin: 0;">Complete if Known</h3> <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width: 50%;">Application Number</td><td></td></tr> <tr><td>Filing Date</td><td>Concurrently Herewith</td></tr> <tr><td>First Named Inventor</td><td>Wrenn P. Holman</td></tr> <tr><td>Examiner Name</td><td></td></tr> <tr><td>Group / Art Unit</td><td></td></tr> <tr><td>Attorney Docket No</td><td>00-191A</td></tr> </table>				Application Number		Filing Date	Concurrently Herewith	First Named Inventor	Wrenn P. Holman	Examiner Name		Group / Art Unit		Attorney Docket No	00-191A
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<b>TOTAL AMOUNT OF PAYMENT</b> (\$) 896.00																			

  

<h3 style="margin: 0;">METHOD OF PAYMENT (check one)</h3> <p>1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayment to:</p> <p>Deposit Account Number <b>02-2960</b></p> <p><input checked="" type="checkbox"/> Charge Any additional Fee Required Under 37 C.F.R. §§ 1.1 and 1.17    <input type="checkbox"/> Charge the Issue Fee Set in 37 C.F.R. §§ 1.18 at the Mailing of the Notice of Allowance</p> <p>2. <input type="checkbox"/> Payment enclosed:  <input type="checkbox"/> Check   <input type="checkbox"/> Money order   <input type="checkbox"/> Other</p>	<h3 style="margin: 0;">FEE CALCULATION (continued)</h3> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Large Entity Fee</th> <th colspan="2">Small Entity Fee</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> <tr> <th>Code</th> <th>(\$)</th> <th>Code</th> <th>(\$)</th> <th></th> <th></th> </tr> </thead> <tbody> <tr><td>105</td><td>130</td><td>205</td><td>65</td><td>Surcharge - 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<b>SUBMITTED BY</b>				<b>Complete (if applicable)</b>	
Typed or Printed Name		Conrad O. Gardner		Reg. Number	
Signature				Deposit Account User ID	
Date		Jan. 31, 2002		22,462	
				02-2960	

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